

EXHIBIT G

COMMONWEALTH OF
PENNSYLVANIA
COUNTY OF: LYCOMING



POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: 29-3-04
MDJ: Hon. WILLIAM C. SOLOMON
Address: 1965 LYCOMING CREEK RD
WILLIAMSPORT, PA 17701
Telephone: (570)323-9982

DEFENDANT:

(NAME and ADDRESS):

MATTHEW

THOMAS

SUMPTER

First Name

Middle Name

Last Name

Gen.

416 BRENTWOOD DRIVE
COGAN STATION, PA 17728

NCIC Extradition Code Type

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 1-Felony Full | <input type="checkbox"/> 5-Felony Pend. | <input type="checkbox"/> C-Misdemeanor Surrounding States | <input type="checkbox"/> Distance: ____ |
| <input type="checkbox"/> 2-Felony Ltd. | <input type="checkbox"/> 6-Felony Pend. Extradition Determ. | <input type="checkbox"/> D-Misdemeanor No Extradition | |
| <input checked="" type="checkbox"/> 3-Felony Surrounding States | <input type="checkbox"/> A-Misdemeanor Full | <input type="checkbox"/> E-Misdemeanor Pending | |
| <input type="checkbox"/> 4-Felony No Ext. | <input type="checkbox"/> B-Misdemeanor Limited | <input type="checkbox"/> F-Misdemeanor Pending Extradition Determ. | |

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <u>CR-124-70</u>	Date Filed <u>10/02/2020</u>	OTN/LiveScan Number <u>0918851-3</u>	Complaint/Incident Number <u>20-03528</u>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB <u>[REDACTED]</u>	POB CALIFORNIA	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
First Name Middle Name Last Name Gen.				
AKA				
RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown				
ETHNICITY <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				
HAIR COLOR <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> SDY (Sandy) <input type="checkbox"/> BLU (Blue) <input type="checkbox"/> PLE (Purple) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> BLK (Black) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk./Bald) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> BLN (Blonde / Strawberry)				
EYE COLOR <input type="checkbox"/> BLK (Black) <input checked="" type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> HAZ (Hazel) <input type="checkbox"/> MAR (Maroon) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> XXX (Unknown)				
DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location			WEIGHT (lbs.)
FBI Number <u>273115TC9</u>	MNU Number			<u>160</u>
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO				FL. HEIGHT in.
Fingerprint Classification:				

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	Year	Make	Model	Style	Color		

Office of the attorney for the Commonwealth ☒ Approved ☐ Disapproved because: _____

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

MALIN WADE

APPROVED VIA TELEPHONE

10/2/2020

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

(Date)

I, DETECTIVE DENT

(Name of the Affiant)

301041 / #508

(PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of LYCOMING COUNTY DISTRICT ATTORNEY

(Identify Department or Agency Represented and Political Subdivision)

PA0411300

(Police Agency ORI Number)

do hereby state: (check appropriate box)

1. ☒ I accuse the above named defendant who lives at the address set forth above

☐ I accuse the defendant whose name is unknown to me but who is described as _____

☐ I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe

with violating the penal laws of the Commonwealth of Pennsylvania at [230] 2000 BLOCK OLD LYCOMING
(Subdivision Code) (Place-Political Subdivision)

TOWNSHIP

in LYCOMING County

[41]

(County Code)

on or about 4/15/2020 - 9/24/2020

(Offense Date)

**POLICE CRIMINAL COMPLAINT**

Docket Number:	Date Filed: 10/02/2020	OTN/LiveScan Number	Complaint/Incident Number 20-03528
Defendant Name	First: MATTHEW	Middle: THOMAS	Last: SUMPTER

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.
(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input checked="" type="checkbox"/>	1	780-113	A30	of the	TITLE 35	1	UFEL	3530	18A/35A
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone		
Statute Description (include the name of statute or ordinance): The Controlled Substance Drug, Device, and Cosmetic Act: Delivery of a Control Substance									
Acts of the accused associated with this Offense: IN THAT, on 4/15/2020, the defendant did deliver a controlled substance being SUBOXONE. TO WIT: On 4/15/2020 the defendant did deliver 3 suspected SUBOXONE (Schedule III) pills to a confidential informant in the 2000 block of Lycoming Creek Road in Old Lycoming Township, PA, 17701, Lycoming County.									

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input type="checkbox"/>	2	7512	A	of the	TITLE 18	1	FEL 3		
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone		
Statute Description (include the name of statute or ordinance): Criminal use of a communication facility.									
Acts of the accused associated with this Offense: IN THAT, on 4/15/2020, the defendant did use a communication facility to commit, cause, or facilitate the commission or the attempt thereof of any crime which constitutes a felony under this title or under the act of April 14, 1972 known as The Controlled Substance, Drug, Device and Cosmetic Act. TO WIT: On 4/15/2020 the defendant did utilize cellular telephone number (484) 725-0846 to facilitate the delivery of 3 suspected Suboxone (Schedule III) pills in the 2000 block of Lycoming Creek Road in Old Lycoming Township, PA, 17701, Lycoming County.									

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
<input type="checkbox"/>	3	780-113	A16	of the	TITLE 35	1	UMIS	3512	18E/35A
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone		
Statute Description (include the name of statute or ordinance): The Controlled Substance Drug, Device, and Cosmetic Act: Possession of a Controlled Substance.									
Acts of the accused associated with this Offense: IN THAT, on 9/24/2020, the defendant did knowingly, intentionally, and unlawfully possess a controlled substance being suspected FENTANYL (Schedule II). TO WIT: On 9/24/2020 the defendant did possess approximately 3 grams of suspected FENTANYL (Schedule II) at 416 Brentwood Drive, Cogan Station, PA 17728.									

**POLICE CRIMINAL COMPLAINT**

Docket Number:	Date Filed: 10/02/2020	OTN/LiveScan Number	Complaint/Incident Number 20-03528
Defendant Name	First: MATTHEW	Middle: THOMAS	Last: SUMPTER

2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.
4. This complaint consists of the preceding page(s) numbered ___ through ___.
5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.

(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

OCTOBER 2 2020
(Date) (Year)

Attd
(Signature of Affiant)

AND NOW, on this date 10/2/2020 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

29-1-02
(Magisterial District Court Number)

[Signature]
(Issuing Authority)



**POLICE CRIMINAL COMPLAINT**

Docket Number:	Date Filed: 10/02/2020	OTN/LiveScan Number	Complaint/Incident Number 20-03528
Defendant Name	First: MATTHEW	Middle: THOMAS	Last: SUMPTER

AFFIDAVIT of PROBABLE CAUSE

SEE ATTACHED

I, DETECTIVE DENT, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

(Signature of Affiant)

Sworn to me and subscribed before me this 2 day of October 2020

Date

Magisterial District Judge

My commission expires first Monday of January, 2026



Affidavit of Probable Cause

This drug investigation involves a successful delivery of suspected SUBOXONE and a Search Warrant resulting in the seizure of suspected FENTANYL from suspect Matthew SUMPTER.

The delivery on April 15, 2020 included: (1) Detectives meeting the CI at a pre-determined location; (2) Searching the CI to negate the presence of any controlled substances, US Currency, or contraband; (3) The CI contacted Matthew SUMPTER on cellular telephone number (484) 725-0846 to arrange the delivery of Xanax pills and SUMPTER indicating an agreement to deliver them; (4) Detectives following the CI to the area of the 2000 block of Lycoming Creek Road (5) The CI meeting SUMPTER in the 2000 block of Lycoming Creek Road; (6) SUMPTER providing the CI with three Suboxone pills; (7) The CI turning over the three Suboxone pills to detectives; (8) Searching the CI to negate the presence of any controlled substances, US Currency, or contraband; (9) Debriefing the CI in which the CI confirmed SUMPTER delivered three Suboxone pills to the CI. It should be noted that SUMPTER provided Suboxone because he ran out of Xanax.

On September 24, 2020 a Sealed Search Warrant was granted by President Judge Butts for 416 Brentwood Drive, Cogan Station, PA 17728, SUMPTER's residence. Upon entry of the residence SUMPTER was located in the basement on the couch. SUMPTER was taken into custody and read his Miranda Rights which he understood and agreed to answer questions. When I asked SUMPTER if there was any Fentanyl in the house he told me that there was a bag in his bedroom that belonged to him. Detectives located 2 small bags of suspected Fentanyl in the closet area of SUMPTER's bedroom. SUMPTER indicated that both bags belonged to him.


10/2/2020

3502234Y00

P.01/01

TRANSACTION REPORT

OCT/05/2020/MON 04:31 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	OCT/05	04:29PM	915703984855	0:01:55	2	MEMORY OK	SG3 2492

OCT/05/2020/MON 02:04 PM Dist Court 29-3-01
 OCT/05/2020/MON 02:55 PM Dist Court 29-3-04

FAX No. 570 398 4855
 FAX No. 570 323 9015

P.003/004
 P.001

BAIL BOND

Commonwealth of Pennsylvania

v.

Matthew Thomas Sumpter

OTR: U 918851-3	Docket No: Court No:	MJ-28304-CR-0000124-2020 MDJ-29-3-04	Date of Charges:	04/15/2020
Def Name/Address: Matthew Thomas Sumpter 416 Brentwood Dr Cogan Station, PA 17728		Next Court Action: Preliminary Arraignment 10/05/2020 8:30 pm		
		Magisterial District Court 29-3-04, Williamsport 1565 Locomotive Creek Road Williamsport, PA 17701 570-323-9982		
LEAD OFFENSE 35 § 780-113 § 5A30 Manufacture, Delivery, or Possession With Intent to Manufacture or Deliver				
ADDITIONAL CHARGES MAY EXIST, PLEASE SEE ADDITIONAL CHARGES PAGE				
TYPE(S) OF RELEASE: <input type="checkbox"/> ROR <input checked="" type="checkbox"/> Unsecured Bail <input type="checkbox"/> Nonmonetary Condition(s) (see additional page(s)) <input type="checkbox"/> Nominal Bail <input type="checkbox"/> Monetary Condition(s) in the amount of _____				
THE CONDITIONS OF THIS BAIL BOND ARE AS FOLLOWS: 1. The defendant must appear at all times required until full and final disposition of the case(s). 2. The defendant must obey all further orders of the bail authority. 3. The defendant must provide a current address and must give written notice to the bail authority, the clerk of courts, the district attorney, and the court bail agency or other designated court bail officer, of any change of address within 48 hours of the date of the change. 4. The defendant must neither do, nor cause to be done, nor permit to be done on his or her behalf, any act as proscribed by Section 4952 of the Crimes Code (relating to intimidation of witnesses or victims) or by Section 4953 (relating to retaliation against witnesses or victims), 18 Pa.C.S. § 4952; 4953. 5. The defendant must refrain from criminal activity. 6. The defendant must comply with any fingerprint order, if any is issued by this court.				

I verify that the above conditions of bail have been imposed.

Date

(Signature of Issuing Authority)



TYPES OF SECURITY:		
<input type="checkbox"/> Cash/Equivalent	<input type="checkbox"/> Gov't Bearer Bond	<input type="checkbox"/> Realty within Commonwealth
<input type="checkbox"/> _____ % Cash	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Realty outside Commonwealth
TOTAL AMOUNT BAIL, SET (IF ANY): \$25,000.00 (see sureties page)		
BAIL DEPOSITOR(S)		
Depositor Name		Amount

This bond is valid for the entire proceedings and until full and final disposition of the case including all avenues of direct appeal to the Supreme Court of Pennsylvania.

I AGREE THAT I WILL APPEAR AT ALL SUBSEQUENT PROCEEDINGS AS REQUIRED AND COMPLY WITH ALL THE CONDITIONS OF THE BAIL BOND.

THIS BOND SIGNED ON Oct 5 2020
 at Jerry Shore, Pennsylvania

Signature of Witness [Signature]
 (Surety)
 (Surety)

Signature of Defendant

Defendant's Address:

OCT/05/2020/MON 02:04 PM Dist Court 29-3-01
 OCT/05/2020/MON 02:55 PM Dist Court 29-3-04

FAX No. 570 398 4855
 FAX No. 570 323 9015

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BAIL BOND

Commonwealth of Pennsylvania

v.

Matthew Thomas Sumpter

OTN: U 918851-3	Docket No: MJ-29304-CR-0000124-2020 Court No: MDJ-29-3-04	Date of Charges: 04/15/2020
Def Name/Address: Matthew Thomas Sumpter 416 Brentwood Dr Cogan Station, PA 17728		Next Court Action: Preliminary Arraignment 10/05/2020 3:30 pm Magisterial District Court 29-3-04, Williamsport 1965 Lycoming Creek Road Williamsport, PA 17701 570-323-9982
LEAD OFFENSE 35 § 780-113 §§ A30 Manufacture, Delivery, or Possession With Intent to Manufacture or Deliver		
ADDITIONAL CHARGES MAY EXIST, PLEASE SEE ADDITIONAL CHARGES PAGE		
TYPE(S) OF RELEASE: <input type="checkbox"/> ROR <input checked="" type="checkbox"/> Unsecured Bail <input type="checkbox"/> Nonmonetary Condition(s) (see additional page(s)) <input type="checkbox"/> Nominal Bail <input type="checkbox"/> Monetary Condition(s) in the amount of _____		
THE CONDITIONS OF THIS BAIL BOND ARE AS FOLLOWS: 1. The defendant must appear at all times required until full and final disposition of the case(s). 2. The defendant must obey all further orders of the bail authority. 3. The defendant must provide a current address and must give written notice to the bail authority, the clerk of courts, the district attorney, and the court bail agency or other designated court bail officer, of any change of address within 48 hours of the date of the change. 4. The defendant must neither do, nor cause to be done, nor permit to be done on his or her behalf, any act as proscribed by Section 4952 of the Crimes Code (relating to intimidation of witnesses or victims) or by Section 4953 (relating to retaliation against witnesses or victims), 18 Pa.C.S. § 4952, 4953. 5. The defendant must refrain from criminal activity. 6. The defendant must comply with any fingerprint order, if any is issued by this court.		

I verify that the above conditions of bail have been imposed.



Date _____

(Signature of Issuing Authority) _____

TYPES OF SECURITY:☐ Cash/Equivalent☐ Gov't Bearer Bond☐ Realty within Commonwealth☐ _____ % Cash☐ Surety Bond☐ Realty outside Commonwealth

TOTAL AMOUNT BAIL SET (IF ANY): \$25,000.00 (see sureties page)

BAIL DEPOSITOR(S)

Depositor Name _____

Amount _____

This bond is valid for the entire proceedings and until full and final disposition of the case including all avenues of direct appeal to the Supreme Court of Pennsylvania.

I AGREE THAT I WILL APPEAR AT ALL SUBSEQUENT PROCEEDINGS AS REQUIRED AND COMPLY WITH ALL THE CONDITIONS OF THE BAIL BOND.

THIS BOND SIGNED ON Oct 5, 2020at Jersey Shore, Pennsylvania

Signature of Witness

(Surety)

(Surety)

Signature of Defendant

Defendant's Address:

PLEASE SEE ATTACHED PAGES FOR ADDITIONAL INFORMATION

MDJS 414

Printed: 10/05/2020 2:50:51PM

Received Time Oct. 5, 2020 3:35PM No. 2263



FREE INTERPRETER

www.pacourts.us/language-rights
 570-327-6700